

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/568806**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		9		1		
11		9		1		
12		9		1		
13		9		1		
14		9		1		
15	1		1			
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		2		1		
25		7		1		
26		7		1		
27		①		1		
28		①		1		
29		①		1		
30		①		1		
31		①		1		
32		①		1		
33		①		1		
34		①		1		
35		①	1			
36		①		1		
37		①		1		
38		①		1		
39		①		1		
40		①		1		
41						
42						
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44						
45						
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47						
48						
49						
50						
TOTAL IND.	2	↓	3	↓	0	↓
TOTAL DEP.	91	←	37	←	0	←
TOTAL CLAIMS	93		40		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	